



**ARKANSAS INSURANCE DEPARTMENT  
LEGAL DIVISION**

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**EMERGENCY  
Rule and Regulation 72  
DENTAL POINT OF SERVICE OPTION**

**Sections**

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**Section 1. Purpose**

The purpose of this Emergency Rule rule is to require health carriers to provide full, written disclosure to covered persons of the availability of a dental point of service option in their health plans, where such health plans provide for dental benefits.

**Section 2. Authority & Emergency Adoption.**

This Emergency Rule is issued pursuant to the authority vested in the Commissioner by Ark. Code Ann. §23-99-605 (1999), §23-61-108(1987), §25-15-204. Immediate adoption of this Rule is necessary to implement Ark. Code Ann. §23-99-605 (1999) and to inform all health carriers which provide dental benefits to provide a dental point of service option. It is hereby declared that the adoption of this Rule is necessary to prevent imminent peril to the health, safety or welfare of the citizens of this State.

**Section 3. Applicability and scope**

This Emergency Rule applies to all health plans which provide dental benefits issued, renewed, extended or modified by a health carrier.

**Section 4. Definitions**

- (a) "Health carrier" means that company or organization defined in Ark. Code Ann. §23-99-603(5);

- (b) "Health plan" means any contract, policy or agreement defined in Ark. Code Ann. §23-99-603(6);
- (c) "Covered person" means a person defined in Ark. Code Ann. §23-99-603(2)

**Section 5. Effective date**

The effective date of this rule is February 1, 2000 and shall expire 120 days from its effective date, unless sooner replaced with a permanent Rule adopted by the Commissioner after public notice and hearing.

**Section 6. Required Notice**

A. Upon the issuance, extension, modification, or renewal of every Health plan which provides dental benefits, the Health carrier shall provide written notification to either the Covered person, or employer, or other purchaser of the Health plan, of the following notice:

(1) Under Arkansas law, you may purchase a dental point-of-service option as an additional benefit. A dental point-of-service option allows you to obtain dental care services from dentists and other providers outside the dental provider network or panel of your Health plan. Arkansas law requires that the dental benefits offered under this option shall be the same as those offered through the network. Please be advised that although the out of network dental benefits offered are required to be equal to those provided through your in network Health plan, the co-payment, co-insurance, and other cost sharing features may be higher should you use an out-of-network dentist, on a non-emergency basis. No co-payment or co-insurance, however, may exceed 25% of the co-payment required to be paid to in network dentists. The out-of-network dentist may also bill you for the balance of any charges which are not otherwise reimbursed by the health carrier.

(2) Every explanation of benefits, following a Covered person's use of out-of-network dental benefits under this option, shall contain an explanation of coverage for out-of-network dental benefits that allows each enrollee or Covered person to determine his or her obligations with respect to such services.

(3) The Health plan must provide an explanation of this point-of-service product in marketing materials, evidences of coverage, enrollee handbooks, and other materials, which may be provided to either the Covered person, or employer, or purchaser of the Health plan.

**Section 7. Severability**

Any section or provision of this rule held by a court to be invalid or unconstitutional will not affect the validity of any other section or provision of this Rule.

(signed by the Commissioner)  
MIKE PICKENS  
INSURANCE COMMISSIONER  
(signature on approval)

(signed January 12, 2000)  
DATE